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Emergency Plan of Action (EPoA)

Sudan / Gedaref: Kalazar cases increase

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n°	MDRSD031	Glide n°:	EP-2022-000177-SDN
For DREF; Date of issue:	07 March 2022	Expected timeframe:	02 months
		Expected end date:	31 May 2022
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 46,609			
Total number of people affected:	495,680 (82,613 HH)	Number of people to be assisted:	118,963 (19,827 HH)
Provinces affected:	Gedaref and villages located in Sinnar close to the border with Gedarif	Localities targeted:	Gedaref and villages located in Sinnar close to the border with Gedarif
Host National Society(ies) presence (n° of volunteers, staff, branches): SRCS Gedaref branch has 16,740 volunteers and 45 Staff. At HQ, 3 staff (DM, finance, and PMER) are supporting the operation.			
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC			
Other partner organizations actively involved in the operation: World Health Organization, UNDP, Global Fund, Ministry of Health.			

A. Situation analysis

Description of the disaster

On 12 February 2022, the Director of the Department of Vector Control at the Ministry of Health (MoH) of Gedaref State, released an [appeal statement of](#) emergency to control the alarming increase of Visceral Leishmaniasis (Kala-Azar) cases. The report indicated a continuous increase of cases throughout 2022 with 302 cases and 8 deaths only for January compared to the previous year's showing cumulative data of 2,973 cases with 69 deaths registered in 2021: 2,137 cases with 38 deaths in 2020 and 2,098 cases with 29 death in 2019. Especially for children, there has been an alarming increase of cases with an average increase of 130% of cases and death. 24% of the reported cases were children since 2019. The report did not differentiate the type of leishmaniasis infections for the moment, which have 3 variants include Kal-Azar (the visceral mortal one), Cutaneous, and Mucocutaneous. Based on the level of mortality, health diagnostic, mortality increase can find their origin in the increase



of the worst variant, the Kal-Azar one. The risk for population and the humanitarian emergency on the spread of this disease become then an emergency scaled-up by local authorities and Sudan Red Crescent Society (SRCS).

Historically, Kala-azar (visceral leishmaniasis) is a significant major health problem in Sudan and particularly in Eastern Sudan. Gedaref state has a total population of 1.4 million, spread over 75,000 km. 495,680 individuals in 245 villages are identified to be more at risk. The most endemic localities are Quraysha, Eastern and Western Qalabat, Basunda, Al-Rahad, Anahal, and are located along the Atbarah and Rahad river basins and villages in Sinnar close to the border with Gedaref.

The risk of contamination concerned Gedaref localities where cases have been already diagnosticated during the past 3 years and mainly during 2022 and the villages all around Gedaref which remain at higher risk due to continuous commercial, migration, and other exchanges including population displacement.

From the MoH report and available information, it was highlighted that the spread of the disease is attributed to a natural condition that represents the appropriate conducive environment for Sandfly (vector) survival. Cracked clay soil, Acacia trees, and Heglig trees, which are common in the area, present a haven for sandflies. In addition to the presence of farmers, fishermen, and smelters whose work coincides with the period of activity of the female sandfly. In addition to the instability of the support granted by organizations working in the fight and their focus on treatment rather than the preventive aspect, the situation has worsened due to the exit of some organizations that were working in the state and the increase of refugees during the past 2 years coming from other countries experiencing Visceral Leishmaniasis cases (Ethiopia and South Sudan).

In addition, the SRCS and International Federation of Red Cross and Red Crescent Societies (IFRC) reached out to various stakeholders, including World Health Organization (WHO), Medecins Sans Frontieres (MSF) to triangulate the information on identified cases and collect information on the assistance provided to date.

Leishmania parasites are transmitted through the bites of infected phlebotomine sandflies. If left untreated, Kala-azar fatality is over 95%, generally within two years. The symptoms of the disease are fever, weight loss, swelling of the spleen and liver (hepatosplenomegaly), and anemia, especially among children. For global understanding, Sandflies (class: Insecta; order: Diptera, family: Psychodidae) are important hematophagous insects that transmit the pathogens responsible for leishmaniasis, bartonellosis, sandfly fever, and vesicular stomatitis [1, 2]. The most important of these diseases is leishmaniasis, a multi-spectrum neglected tropical disease that manifests as long-lasting cutaneous ulcers (cutaneous leishmaniasis, CL), mucocutaneous lesions (mucocutaneous leishmaniasis, MCL), or visceral infection (visceral leishmaniasis, VL). Leishmaniasis has a wide global distribution with over one billion people at risk of infection in 98 countries [3]. VL, caused by members of the *L. donovani* complex, is considered to be the most serious form of leishmaniasis. In absence of timely diagnosis and treatment, VL has a fatal outcome. There are an estimated 50,000–200,000 cases of VL annually with 5–10% mortality. Visceral leishmaniasis has a wide distribution in Latin America, Africa, Europe, and Asia, with 90% of cases occurring in India, Sudan, South Sudan Brazil, Ethiopia, Kenya, and Somalia.

Summary of the current response

Overview of Host National Society Response Action

SRCS's vision is to be an active and effective partner to the vulnerable population and a reliable service provider throughout Sudan. Its mission is to improve the quality of life of vulnerable groups by promoting and strengthening the capacities of local communities. As part of the SRCS transformation plan, the RCRC Act is being revised, clearly stipulating its mandate.

SRCS, both at the head office and states, has significant experience in operating in the context of epidemic control and responses. The specific strength of the Red Cross includes community outreaches, vector control, floods, population movement, first aid, and primary health care among others.

SRCS has the human resource capacity to provide rapid and effective emergency response with 16,740 volunteers in the Gedaref branch ready for deployment in emergencies.

The response includes coordination with Federal and State MoH (FMoH and SMOH) and working with local authorities and communities. The pool of SRCS volunteers in the state has sufficient skills in previous disaster interventions particularly in mosquito vector elimination through spraying campaigns and community awareness. The volunteers will leverage their local knowledge in reaching out and mobilization the population.

On 13 February 2022, the Sudanese Red Crescent Society (SRCS) Gedaref branch director and the IFRC Public Health delegate met with the Environmental Health department manager and Director of Integrated Vector Management in Gedaref. The purpose was to get more details on the data provided in the report of 12th February 2022 and data from 2019 and 2022 was then provided with an emphasis on the need to respond to the situation.

Coordination with partners is in place at the state level. SRCS is actively participating in the General integrated vector control management and clinic campaign in the state for the past years. The main objective of this working group is to mitigate the risk of vector-based diseases.

Overview of Red Cross Red Crescent Movement Actions in-country

The International Federation of Red Cross and Red Crescent Societies (IFRC) supports SRCS through the Sudan and Eritrea Country Cluster Delegation, based in Khartoum. IFRC Cluster Delegation consists of a Head of Delegation, National Society Development (NSD) delegate, Operations Coordinator, Operations Manager, Public Health delegate, and Finance and Administration team. Additional technical support will be requested through the Africa Regional Team or surge system. IFRC is provided capacity strengthening to NS on community outreaches, vector control, floods and population movement, first aid, and primary health care among others.

None of the Partner National Societies PNSs operations in Gedaref are linked to this situation even if they have a project in the localities, their main focus is Refugees from Ethiopia.

In the country, the Movement partners meet once every two weeks to discuss and coordinate emergency response and preparedness actions. The meeting is chaired by the SRCS Head of Disaster Management and all in-country RCRC Movement partners are participants. Additional meetings for urgent updates are planned ad hoc with the involved partners.

Overview of other actors' actions in the country

In response to the outbreak, WHO has supplied insecticide and fogging machines to the MoH while Global fund is supporting treatment and testing. Rapid diagnostic tests (RDT) rK39 and rk28 are available besides laboratory microscopic confirmation of the parasite in bone marrow, spleen or lymph node aspirates were available for diagnosing Kala-azar. Those interventions which started earlier than this year are covering all vector control and management including sand fly.

The government is leading the response through MoH is responsible for the 13 treatment centers in the state that also conduct testing. In the past, general integrated vector management targeted mosquitoes and flies that included Sand Flies. MoH has completed the report of this situation, including data collection from the health center.

World Health Organisation (WHO) is providing assistance to fight against vector control in the country (and vectors include Leishmaniasis).

United Nations Development Programme (UNDP) is supporting the affected population with treatment from Global Fund funds. no other partners are involved. MSF-CH did have activities to fight against Leishmaniasis for 10 years but handed over to SMOH two years ago.

As coordination, all the humanitarian actors are participating in Health response in the country either at the National or Branch level coordination. At the national level, SRCS is represented in the following coordination mechanism: The Higher Committee for Emergency Health, the Higher Council of civil defense, MoH coordination and task force meetings, Humanitarian Country Team (HCT) meetings, and cluster meetings.

At the branch level, SRCS has represented in the following coordination mechanism; cluster meetings, civil defense coordination meetings, Humanitarian Aid Commission (HAC), and coordination meetings with local government

administration. Any response operations will be coordinated through the relevant coordination mechanism, as well as updates on preparedness efforts and anticipatory actions.

SRCS and RCRC movement partners are involved in the coordination of humanitarian assistance at the level of Gedaref, especially in the Ethiopian refugees' camps. At the level of government, SRCS works directly or as an auxiliary to the different government departments. SRCS routinely supports MoH in vaccination exercises particularly national immunization days, Primary Health Care, Vector control, and public cleaning campaigns among others. SRCS is a key partner in COVID-19 prevention activities.

Needs analysis, targeting, scenario planning, and risk assessment

Needs analysis

The needs identified are a gap in Information gap assessment - LLTIN distribution, community awareness

- Need assessment;** There are gaps in currently provided information in successful understanding of the context and reasons for the escalation in cases. For instance, there is no explanation why there is such a huge increase in cases among children (see table 1). In the data provided, there was a 21% drop in cases from 2019 to 2020 among children only to increase by 179% from 2020 to 2021. The month of January 2022 alone registered 302 cases with 30% being children. The case fatality rate (CFR) of the reported cases is 2%. CFR among the children reported is 3%. It is justified to intervene as the increasing morbidity-associated mortality is directly linked to the reported cases. But the report information gap is in the clarification on the type of Leishmaniasis cases, desegregated total cases per type of leishmaniasis to understand how and why the health assistance should be provided. In addition, the increase of mortality cases on children needs also to be properly addressed with a clarification on the origin of this increase. The need to clearly distinguish the type of Leishmaniasis is critical. The other types apart from Visceral are Cutaneous or Mucocutaneous Leishmaniasis. Refugees' statistics might not be included, a large proportion of children might mean not all cases are registered, limited services might mean that not all cases can be registered, specific context and communities' behaviors might limit the declaration of cases and death related among communities. Consequently, an assessment is to be undertaken to understand the underlying issues that are driving the outbreak.

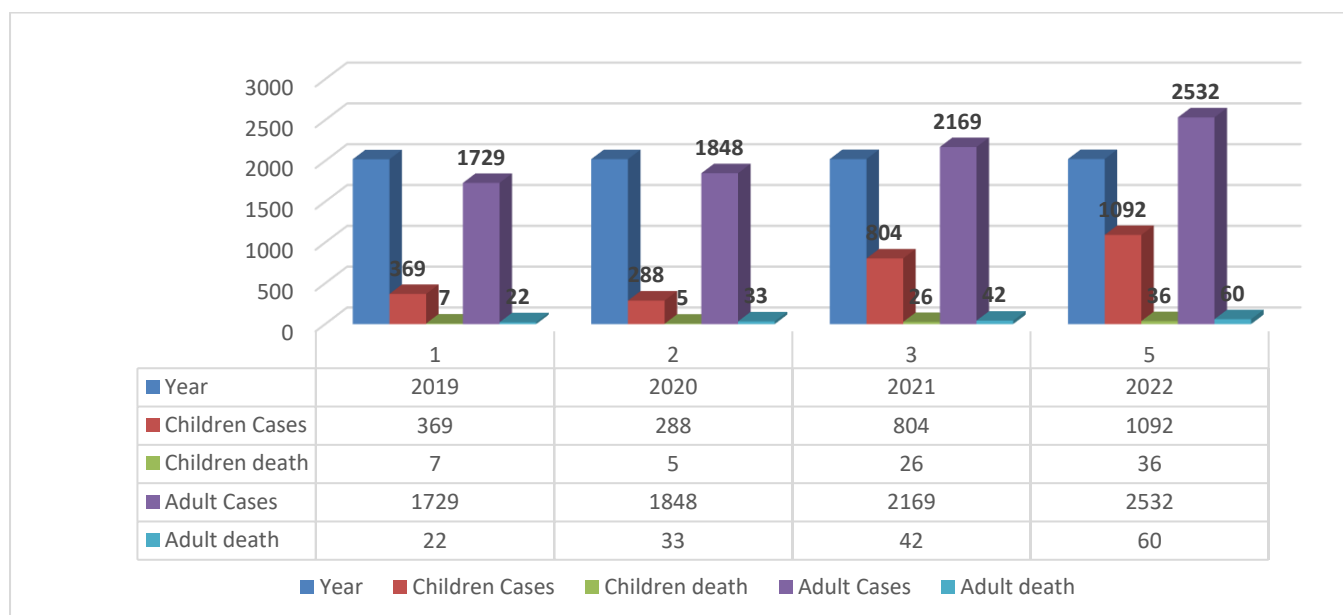


Figure 1 Caseload and mortality – 2019 to Jan 2022

Other health needs:

Assessments are to be undertaken to understand the underlying issues that are driving the outbreak; however, several immediate interventions are required to prevent and limit the infection, which include, long-lasting insecticide-treated mosquito net distribution, vector control activities, and behavior change communication. Already documented risk factors for Kala-azar include poverty, population movement, un-plastered house walls, lack of personal protective measures, and sandfly survival environment. These factors are plenty in the state. Following the conflict in Ethiopia in late 2019, 58,000 refugees are registered by UNHCR spread in three camps in the state. Political instability is widespread across much of the country owing to civilian protests. ethnic tensions remain high, especially in Eastern Sudan. UNDP ranks Sudan's incidence of poverty at 65%. In the state, the most affected villages lie within Atbarah and Rahad river basins with directs of Acacia tree, both factors that have been geospatially associated with sand fly abundance. Poor health funding by the government impedes Kala Azar's intervention. In addition to the described complex mix, the country like the rest of the world is experiencing the unprecedented social and economic impact of the COVID-19.

Vector control health promotion services have decreased in recent years a significant number of refugees have settled in the state in the last two years. Promotions need to be reinforced in the state and around boarders areas of South Sudan and Ethiopia mainly. Also, there is a need for community mobilization, development of working relationships with key departments at the SMOH to coordinate the response planned, set an RCCE for changing behavior and communication. Vector control and distribution of Long-Lasting Insecticide-Treated Nets (LLITNs) will be also essential in containing the escalation of cases and mortality.

The spread and risk of the disease are also linked to geographical and natural environmental conditions in the state increased by the presence of cracked clay soil, acacia trees, and heglig trees, which represent a haven for sandfly, in addition to the presence of farmers, fishermen, and smelters whose work coincides with the period of activity of the female sandfly. The burden of this disease is further complicated by the fact, a significant number of refugees from Ethiopia have settled in the state in the last two years. The disease is largely confined to a border region of the country that is facing challenging security and economic problems.

There is the need for communities at risk to stay away from the places where the sandfly is located, to wear long clothes that cover the whole body, and to be careful to sleep in mosquito nets. Considering the increase of cases in Gedaref which is a border state, it might also be useful to check whether camps have been set in areas or nearby with a greater presence of sandfly, hence increasing vulnerability.

Sandfly densities survey done in May 2021 in the locality of Quraysha, Eastern Galabat. Al-Rahad and Basunda in 14 sentinel sites: identified a considerable number of Phlebotomus Orientalis (PO). The PO is the only proven vector of Kala-Azar in Sudan and thrives in woodlands dominated by Acacia trees.

The total number of registered cases in the past 3 years is 7,509 with 141 deaths attributed to Kala-azar according to the MoH report. The provided data most likely underestimates the actual number of cases as many patients may not visit health facilities where tests can be done. Population movement of susceptible or infected populations into the Kala-azar–endemic poses a major epidemic risk. Although the report includes all three types of Leishmaniasis, it is feared that it is the Kala-azar type that is being witnessed. A detailed need assessment will strengthen the understanding of the scope and impact.

	Locality	Treatment centers
1	Al-Qadarif -	1) Al-Qadarif Education Hospital, 2) Children's Hospital, and 3) Obstetrics and Gynaecology Hospital
2	Al-Rahad	1) Bazura Hospital, 2) Hawata Hospital and 3) Um Khair Hospital
3	Al nahal	1) ALnahal hospital
4	Al-Quraisha	1) Tabarakallah Hospital and 2) Muqran Hospital
5	Basunda	1) Basunda Hospital
6	Eastern Al-Qalabat	Doka Hospital
7	Western Qalabat	1) Bandggio Hospital and 2) Kassab Hospital

The country is experiencing unprecedented social and economic impact coupled with of the COVID-19 pandemic and incidence of insecurity. The healthcare system has been weakened because of this and Kala-Azar interventions have mainly relied on humanitarian agencies for support

Targeting

Public

This operation will target the most vulnerable population households in the Eastern, Western, central Gedaref and villages around Gedaref borders. The table below summarises the localities, several villages, and populations that are a risk.

Considering that the cumulative cases from the available data since 2019, estimated to be 10,831 cases with 24% of children, SRCS will focus the assistance the 24% most vulnerable in the overall population, 118,963 people. This 24% of this population will be targeted for protective material assistance selected from the most at-risk area identified in the assessment, Gedaref boarders' villages and villages with identified cases to limit the risk of escalation. The following selection criterion will also be considered: households with children under 5 years of age and pregnant women (because of vertical transmission) and those identified to be suffering from Leishmaniasis and neighbors would be prioritized.

Localities	Population number	24% population to reached	Villages number
Eastern (Quraysha, Eastern Al-Qalabat, Al-Fasha)	186,155	44,677.2	70
Middle (Basanda, Western Al-Qalabat)	139,437	33,464.88	59
Western (Almafaza, Alnahal, Alrahad)	170,088	40,821.12	116
Total people	495,680	118,963	245
Total HH	82,613	19,827	The average number of persons in a HH are 6.

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Scenario one: There are no increasing cases including refugees and is under control within the next three months. The assessment is showing no Kala-Azar cases included in the cases	The state ministry of health with support from the federal government can manage.	- After the SRCS assessment, no further activities will be engaged with DREF allocation. SRCS as auxiliary of government will support the response plan of the MoH if required.
Scenario two: The report shows a significant increase in Kalazar cases in Gedaref.	the Kala-Azar emergency stage outbreak is confirmed to manage the actual identified and projected increase of cases and death	- SRCS with support from RCRC will continue with the DREF operation. - Based on the Assessment report shared and monitoring of the situation, analysis is set for a scaling up of operation and extension of the implementation timeframe. The response includes an extension of actual activities and extends to the Distribution of treatment Nets (TNs/LLITNs ¹) and vector control.
Scenario three: There is an outbreak and refugees and, in the region. Increasing cases of Kala-Azar are getting worst with a spread in and out of Gedaref. The rainy season (usually starting June/July) and migration accelerate the spread of Kala-Azar cases.	Due to insecurity, more influx of refugees, and situation getting out of hand, more death are registered in Gedaref and other states.	- Request to scale up again the DREF operation to enlarge the intervention areas or to launch an Appeal

¹ LLNs for protection from Kala Azar need to be of dense mesh because of the small size of the sandfly compared with regular mosquito

Operation Risk Assessment

SRCS will ensure engagement with the SMOH and local authorities, staff, and volunteers in the implementation relying on already established community channels. Continues engagement with community leaders will minimize any disruptions. However, insecurity following civilian protest may escalate and COVID-19 cases skyrocket. The table below indicates the potential impact on the operation

Risk	Probability of occurrence (high, medium, low)	The severity of risk impact (high, medium, low)	Mitigation measures
Insecurity, Weekly demonstrations, often including large gatherings in Khartoum, since the 25 October 2021 which are often liable to The local authorities blocking the internet and landline telecommunications as a pre-emptive measure. In addition, blockades are often established on vital bridges and main roads. Both SRCS and RCRC partners' offices/Headquarters are in Khartoum and this might impact the monitoring. There is also a risk for procurement that will need to be monitored and considered. From February 2022, none of those interruptions have been registered in terms of road breaking and internet but this remains a common risk.	Medium	Medium	Some activities may be deported done. Key volunteers training facilitators may have to contact training with remote support from Gedaref and others states Depending on the level of restriction, some activities may have to be re-oriented with distance sensitization, local state procurement, etc. Also, depending on the case, SRCs will get a government waiver to continue with operations and the security coordination will be reinforced with ICRC Focal point and IFRC.
COVID-19 restriction increases due to cases increase	Medium	High	All COVID-19 protocols observed – (use of mask, sanitizer, physical distancing Standard briefing on COVID-19 minimum requirement Reaching out to the community through social media, FM, and TV Get government waiver to continue with operations
Displacement spread the disease and Kala-Azar cases to other states and/or other countries	High	Low	Preventive measures included in this plan will be implemented and cases evolution will be monitored all along with the operation.
Community access and acceptance during assessment, spraying, and awareness activities	Low	High	Work on community integration and close communication with community leaders and authorities.

B. Operational strategy²

Overall Operational objective: Limit and prevent escalation of cases and mortality due to Leishmaniasis, especially Kala-Azar by ensuring a proper understanding of the disease situation, a Community mobilization and awareness to 24% of the most vulnerable population in Gedaref and border localities for 2 months (118,963 people, 19,827 HH).

Proposed strategy

The proposed strategy is to conduct an in-depth assessment while providing health services for immediate risk reduction of Kala-Azar cases and mortality mainly through a community mobilization approach, risk communication.

Assessment

Needs assessment shall complement the provided information and data. This will enhance the strategic planning upon which response monitoring systems will rely. The assessment aims to verify provided data, availability of treatment/drugs supply, community awareness, and community capacity to respond. As there is limited information at this stage to understand the whole picture. Focus Group Discussions (FGD) will help to identify existing knowledge, attitudes, and practices among the targeted communities to help develop intervention activities.

The assessment will be conducted within the first two weeks of operation with the support of IFRC and the data will be collected in the health centers (13 treatment centers in the state that also conduct testing), form partners, and then in the communities.

Risk communication and community engagement

It would be paramount to clearly understand community perceptions of risk, barriers, and enablers for uptake of protective and preventive behaviors during the assessment and use the best approach in the planned activities. SRCS has established RCCE approaches with the ongoing Emergency appeal at the state level. Additionally, there be a community feedback mechanism put in place to listen and respond to community concerns, beliefs, rumors, questions. The use of Community-Based Health and First Aid (CBHFA) tools linked to community assessments and the development of community action plans for health would be a practical approach that would complement RCCE. CBHFA is more than first aid as it empowers communities to take charge of their health, including them in the surveillance system through simple tools adapted to the local context prioritization of health needs. SRCS will collaborate with the community, to ensure community participation and involvement within different groups, not just leaders, and encourage community-led solutions. Awareness activities will also engage both communities and community leaders.

Awareness

From the background information gathered, there were successful interventions in the prevention of Kala-azar in the state. Following increasing reported incidences, it may be concluded that the community may have developed a sense of complacency resulting in a casual approach to protection and prevention activities. Therefore, reaching out to every house in the targeted areas will be prioritized. Awareness raising and social mobilization done by SRCS volunteers will focus on appropriate clothing, use of treated nets, environmental cleaning. Seeking treatment and working with relevant government agencies. It is important to message will be adapted based on the feedback trends to ensure that common concerns and questions, as well as rumors and beliefs, are addressed. The use of IEC material such as posters picture books will be encouraged. Teachers and students will be reached in schools with designed messages as part of wider awareness.

The spread of the disease in the state is linked to conducive conditions to the development of the vector-like the presence of cracked clay soil, acacia trees, and heglig trees, which represent a haven for sandfly, in addition to the presence of farmers, fishermen, and smelters whose work coincides with the period of activity of the female sandfly.

SRCS during sensitization will appeal to communities to stay away from the places where the sandfly is located, to wear long clothes that cover the whole body, and to be careful to sleep in mosquito nets as per MoH recommendation.

Protection and Gender Inclusion (PGI)

With the acknowledgment that there is a gender dimension in all operations deliberate efforts shall be made to identify and respond to differing needs of men and women.

² The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

Acknowledging that women, girls, men, and boys including children with diverse ages, disabilities, and backgrounds have very different needs, risks, and coping strategies, the operation will pay particular attention to the protection and inclusion of vulnerable groups and on gender and diversity analysis. For instance, in the targeted areas women have more responsibilities for the care of children and therefore, any activities shall consider this factor. As well, specific meetings will be held for different groups to ensure that all voices are considered in the intervention.

As part of the need assessment and analysis, a gender and diversity analysis will be conducted to understand how different groups have been affected, which will inform the operational strategy. PGI will be mainstreamed throughout the intervention to ensure communities' dignity, access, participation, and safety

Exit strategy

From the very beginning, SRCS will work with other partners, especially WHO. The DREF is modeled along with the SMOH plan that will ensure continuity. revised CBHFA training shall include government and the local community. This response will be revised depending on the results of the assessment and the detailed data on the cases reported.

Integrated Disease Surveillance (IDS) is the major strategy and mainstay of Disease Surveillance in countries at risk. Leishmaniasis is a disease with common outbreaks and should be included in the IDS system of the endemic regions like the one in place on the ongoing Emergency appeal and future intervention. Integration in the operational plans systematically in awareness will support also long-term community information and mobilization just as systematically done for Malaria, both vectors transmitted.

Activities to be implemented

Given that already 91 cases have been registered in January, SRCs as members of the Department of Integrated Vector Management, the following activities to help reduce the spread will be implemented

- Training of 140 SRCS volunteers and 20 community health workers who routinely surveillance and reporting
- Conduct assessment to understand details under the provided leishmaniasis data and clarify Kalazar data number including clear identification of treatment centers, drug supply, treatment compliance, and partner roles.
- Participate and support state coordination meetings and forums
- Develop and Distribute IEC materials including posters for an awareness campaign.
- Procurement of 8 megaphones for volunteer sensitization support
- Collective informative sessions conducted among the communities through Training of teachers and students in schools, and Focus Group discussions
- Community meetings targeting, refugees, religious, community leader, women, and youth, and special groups at risk
- Mobilization and deployment of 140 volunteers on 15 days rotative frequency per month.
- Awareness in communities statewide. Primary health education programs should be organized for community health workers and leaders, schoolteachers, and communities in endemic areas so that they can recognize the disease and guide patients on what to do, be proactive, and participate in prevention and control campaigns. Health education applies equally to personnel in non-endemic areas where infections occurred in people who have traveled to endemic areas. The Leishmaniasis health education approach should follow the national overall health education and behavioral change communication strategies and plans based on the local context.
- Organized the lesson learned workshop in Gedaref

Operation Support Services and strategies for implementation

Human resources:

For the planned actions, SRCS will mobilize its volunteers in the affected areas to support the Disaster department in the implementation of the Plan of Action. In each of the seven targeted areas, 20 volunteers shall be selected to support the operation. 10 volunteers at each time shall avail their time and exchange every after 15 continuous days as per SRCS volunteer regulation and COVID-19 consideration. A total of 140 Volunteers will be mobilized for the whole period of 2 months and they will receive a code of conduct briefing and be insured.

The heads of the volunteer at the Gedaref branch shall be responsible for their supervision. Gedaref SRCS branch staff (Health Coordinator, Finance Officer, and head of drivers) shall be involved directly to support the operation during the period of the DREF. Any further assistance shall determine by the further need assessment embedded in this plan.

Logistics and supply chain:

SRCS has spelled out procurement procedures in the financial manual. Procedures define for staff to follow to ensure consistency that allows effective and compliant practices. Most of the procedures are compatible with the IFRC standards, and IFRC Operations and Logistics will extend its support to ensure compliance. The purchase of sensitization support material will be done nationally for rapid delivery. For posters, IEC, specifications for conception will be provided by the health team from NS and IFRC.

Information technologies (IT):

The department of Disaster Management working with the Health emergency and WASH units in the Health Department shall have responsibility for the implementations. Social media platforms shall support monitoring and community sensitization.

Communications:

SSRCS has a communication unit that will be covering the project actions disseminate information both internally and externally. The IFRC regional communication has a working relationship with SSRCS in wider communication strategy. Radio diffusion will be used as a preferred distance awareness and information on the diseases. As observed in previous interventions, SRCS has sometimes free diffusion time from some radio and this will be taken into consideration in the costing. Radio and media preferable channels should be included in the assessment to identify community preferences.

Security:

The incidence of political protests and demonstrators blocking roads is becoming frequent in Khartoum. Due to these events, curfews and movement restrictions can be announced abruptly by the authorities. To mitigate security risks, volunteers from the affected localities will be prioritized in intervention activities.

Known as 'Marches of the Millions', these are centrally coordinated by civil society groups across Sudan to be held every Monday during the current month of February. Ad hoc protests are also being called by various groups outside of the weekly schedule.

Protests are expected in the Blue Nile, El Gadarif, Kassala, North, and South Kordofan states, as well as Port Sudan (Red Sea state) and West Darfur state. In Khartoum, flashpoints include [Byblos Bank Africa](#), the [Faculty of Engineering](#) at the University of Khartoum, [Oasis Mall](#), [Jackson station](#), key bridges, and the [Republican Palace](#).

Weekly demonstrations, often including large gatherings in Khartoum, Khartoum North, and neighboring Omdurman, have been held countrywide since the 25 October 2021 military coup. Participants are demanding military reform under civilian oversight, the dismissal of figures loyal to former president Omar al-Bashir (in office 1989-2019), the dissolution of armed groups, and the release of detained activists. International media reports indicate that more than 80 people have been killed and more than 2,000 have been injured during demonstrations thus far. The local authorities are liable to block the internet and landline telecommunications as a pre-emptive measure. In addition, blockades are often established on vital bridges and main roads.

The majority of IFRC staff is based in Khartoum and the Country Delegation maintains a sub-office based in Gedaref. All staff has been advised on the ongoing tensions and strictly following Security rules applicable for the context.

Clashes occur regularly between the Sudan People's Liberation Movement/Army-North (SPLM/A-N) and the Sudanese army in South Kordofan and Blue Nile states, and the security situation along the border with South Sudan is volatile. Armed clashes also continue in the Darfur region, where the risk of kidnapping is also highest. Political tensions, especially concerning perceived UN 'interference' in internal issues can prompt unrest, particularly in Darfur, where the authorities have little capacity to contain such disturbances.

The Regional Security Unit has been extending security advisory support to the Country Delegation and maintaining close monitoring of the developments. The head of the Cluster Delegation extending advisory to PNS based in the country following the GSU/RSU Advisories.

The IFRC security plans will apply to all IFRC staff throughout. Area-specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC NEW Stay Safe 2.0 e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security online training. Minimum Security Requirements (MSR) are in place for Sudan.

Planning, monitoring, evaluation, & reporting (PMER):

The Program Manager shall ensure the implementation of the Plan of Action at Gedaref county branch teams. The manager will work with the PMER department to ensure that appropriate reporting is completed timely. A lesson learned workshop shall be conducted in the last month of the intervention as part of the operations to review the strengths and challenges to identify recommendations for key areas for improvement.

IFRC monitoring will support the assessment at the beginning of the operation and another mission must be conducted to assess results and get operational learning from team and partners when applicable. The health coordinator delegate will be in charge to support the main part of the monitoring of this response.

Administration and Finance:

The SRCS responsible finance officer shall ensure proper use of financial resources following conditions laid down in the Memorandum of Understanding between the National Society and IFRC. The Gedaref branch officer shall manage local transactions to the National Society and IFRC regulations. Additionally, procedures will be applied to the justification of expenses and the process will be done according to the national society financial manual and DREF guidelines.

C. Detailed Operational Plan



Health

People targeted: 118,963 people (19,827 HH)

Male: 58,292

Female: 60,671

Requirements (CHF): 38,649

Need analysis: Assessments are to be undertaken to understand the underlying issues that are driving the outbreak, the type of dominated cases types, etc. However, several immediate interventions are required to prevent and limit the infection, which includes, behavior change communication and sensitization. Capacity strengthening of volunteers in this specific vector-based disease is needed to support this intervention.

Risk analysis: Potential Kala-Azar cases increase has to be understood before further assistance.

Population to be assisted: 118,963 people (19,827 HH)

Programme standards/benchmarks: WHO response guidelines and MoH response plan will be considered.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	<i>#of people reach with preventive messages on Leishmaniasis and Kala-Azar (118,963 people (19,827 HH))</i> <i>#of assessment conducted and reported (01)</i> <i>#of FGD conducted to document the operation and inform the strategy (minimum 10)</i>															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	<i>#of volunteers/technical staff briefed on assessment process (30)</i> <i>#of assessment conducted on Leishmaniasis and Kal-Azar health issue (01)</i> <i>#of assessment report (01)</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	Assessment methodologies and tools developed and agreed upon are shared with staff involved																
AP022	Training /briefing of volunteers and staff on Assessment expected results, procedure, and agenda sharing (data collectors trained on kobo, survey understanding etc)																
AP022	Data collection is done in Gedaref state																

AP022	Focus Group discussion with selected group's (Youth/Women/Men/Special groups etc) – understand behaviours/practices and rumors or beliefs																		
AP022	Focus Group discussion with selected group's (Religious/community leaders) for acceptability of activities in the communities																		
AP022	Focus Group discussion with selected group's (Youth/Women/Men/Special groups etc) – groups involvement is response																		
AP022	Training of key staff on identified gaps																		
AP022	Provide Assessment Report and share with partners																		
P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	<i>#of people reached with health promotion (1 18,963 people (19,827 HH)) #of cases refer/identified in communities (1%) #of CBS surveillance system in place (01) #training on CBHFA conducted (01)</i>																	
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population																		
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	Rapid rollout of National Society trainings in Epidemic Control for Volunteers -Training in CBHFA modules 1, 2, 3 and 5																		
AP021	Identification and activation of CBHFA volunteers for integration into emergency response																		
AP021	Health promotion is provided to the target population																		
AP084	CEA activities such as FGD, community mobilisation are set to promote community-based disease control and health promotion																		
AP033	PGI criteria are integrated in the CBD control																		
P&B Output Code	Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing																		
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP021	Assessment of capacity for CBS programme																		
AP021	Training of volunteers on community-based surveillance																		

AP021	Establish communication and engagement with communities related to case detection																	
AP021	Determine community case definition																	
AP021	Supervision and data collection/monitoring																	
P&B Output Code	Health Output 4.6: Improved knowledge about public health issues among GEDAREF and around population	<i>#of CBHFA volunteers identified and activated for emergency response (140)</i> <i>#IEC material printed (1000)</i> <i>#of posters printed for sensitization (500)</i>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	CBHFA volunteers are identified and activated for emergency response																	
AP021	Health and hygiene promotion campaigns on prevention and control of common contamination and risk habit for Leishmaniasis transmission and Kal-Azar																	
AP021	Develop and print and distribute IEC materials on community-based disease prevention, preparedness and health promotion, complemented by the use of social media and radio																	
AP021	Radio and media diffusion of sensitization messages																	

Strategies for Implementation

Requirements (CHF): 7,960

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	<i>#of volunteers involved in the operation who has conducted the required briefing (140)</i> <i>#of staff involved in the operation (05)</i> <i>#of volunteers ensures (140)</i> <i>#of NS monitoring visit from branch (05)</i> <i>#of community feedback system in place (01)</i>															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

	Week																	
AP040	Ensure that volunteers are insured																	
AP040	Provide complete briefings on volunteers' roles and the risks they face																	
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																	
P&B Output Code	Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP042	Activities on strengthening organisational capacities of the national societies (not related to any of Areas of Focus)																	
AP042	NS monitoring																	
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP049	Ensure that the Principles and Rules, Emergency Response Framework and Emergency Appeal and DREF procedures are well understood and applied																	
AP049	Advocate for engagement with partner and operating NS on the promotion and use of the Principles and Rules																	
AP049	IFRC Monitoring																	
AP053	Lesson learnt workshop																	
AP084	Methods are put in place to ensure communities can participate in the response and influence decision-making																	
AP084	Community communication activities ensure people are kept informed of operational plans and progress and have they information they need about the response																	
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation																	
AP084	Community engagement activities help to promote healthy and safe behaviour in relation to the identified risks and vulnerabilities																	
AP084	Exit strategy developed that includes community consultation and sharing of the final evaluation results with the community																	
P&B Output	Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced	#of coordination meeting held with partners on this response (06)																

Code	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP049	Work in coordination, with MoH, and local partner																
P&B Output Code	Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.	<i># of radio message diffusion (50)</i> <i>#publication on Social media (at least 2)</i> <i>#media coverage to on this operation (03)</i>															
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP053	Radio message diffusion for awareness in at least 2 radio																
AP053	Media message on operation evolution																

Funding Requirements

The overall amount requested for implementation of above-highlighted actions is CHF **46,609** for **2 months implementation** as detailed in attached.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

APPEAL CODE - COUNTRY - OPERATION NAME

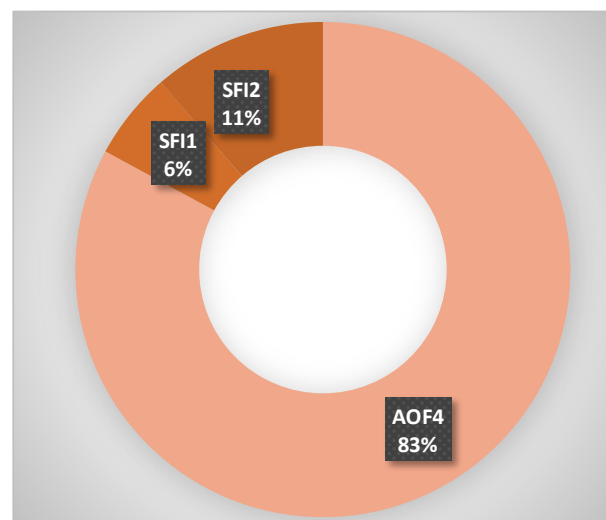
20/02/2022

Budget by Resource

Budget Group	Budget
Medical & First Aid	2,195
Teaching Materials	13,129
Relief items, Construction, Supplies	15,324
Transport & Vehicles Costs	8,602
Logistics, Transport & Storage	8,602
National Society Staff	2,464
Volunteers	5,855
Personnel	8,319
Workshops & Training	4,760
Workshops & Training	4,760
Travel	4,572
Office Costs	626
Communications	614
Financial Charges	948
General Expenditure	6,760
DIRECT COSTS	43,764
INDIRECT COSTS	2,845
TOTAL BUDGET	46,609

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	38,649
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SF11	Strengthen National Societies	2,665
SF12	Effective International Disaster Management	5,295
SF13	Influence others as leading strategic partners	
SF14	Ensure a strong IFRC	
TOTAL		46,609



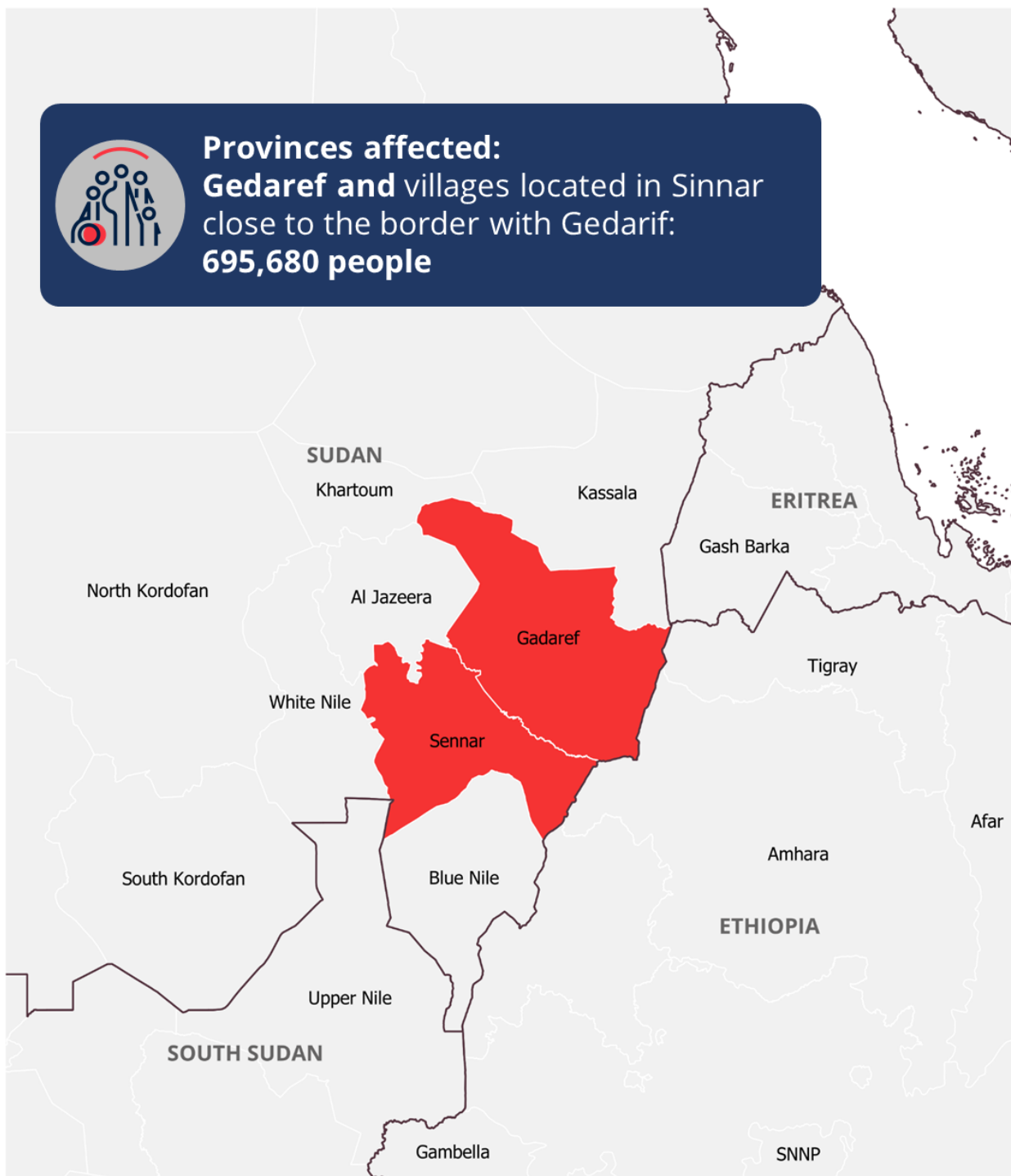


Sudan/Gedaref: Kalazar cases increase

Glide [EP-2022-000177-SDN](#)



Provinces affected:
Gedaref and villages located in Sinnar
close to the border with Gedarif:
695,680 people



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

0 70 140 210 280 km



Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

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For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, Email: rishi.ramrakha@ifrc.org ; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

IFRC Africa Regional Office: Philip Komo Kahuho, PMER Coordinator, Email: Philip.kahuho@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.